

## NOTICE OF PLACEMENT

### (To be Sent Within 15 Days of Placement)

California Department of Social Services  
Adoptions Branch  
744 P Street, M.S. 19-31  
Sacramento, California 95814

ADA
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State Case Number

\_\_\_\_\_ born \_\_\_\_\_ was  
NAME OF CHILD AS SHOWN ON RELINQUISHMENT DATE

placed for adoption in the home of \_\_\_\_\_  
FULL NAME OF MAN APPLICANT

( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ )  
BIRTHDATE FULL NAME OF WOMAN APPLICANT BIRTHDATE

at \_\_\_\_\_ on \_\_\_\_\_  
STREET CITY COUNTY STATE DATE

Was this a cooperative placement?

☐ No ☐ Yes Name of cooperating agency \_\_\_\_\_

Had child been listed in California's statewide photo-listing service (California's Waiting Children)?

☐ No ☐ Yes

Will child receive AAP?

☐ No ☐ Yes ☐ Deferred AAP Payment Amount \$ \_\_\_\_\_

Child's Linkage:

- ☐ Age \_\_\_\_\_ years old at placement
- ☐ Medical or emotional handicap \_\_\_\_\_  
SPECIFY
- ☐ Ethnic/Minority background \_\_\_\_\_  
SPECIFY
- ☐ Sibling Group member

Indian Child

☐ No ☐ Yes If Yes,

Placement with

☐ Family ☐ Tribe ☐ Other Indian Family ☐ Non-Indian family

Was placement preference followed?

☐ Yes ☐ No If No, was court order issued? \_\_\_\_\_

\_\_\_\_\_  
NAME OF CHILD'S AGENCY

\_\_\_\_\_  
BY (SIGNATURE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF FAMILY'S AGENCY

\_\_\_\_\_  
BY (SIGNATURE)

\_\_\_\_\_  
DATE